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ABSTRACT

A growing body of creative curricular materials, intended to guide and support the multicultural training of psychologists, has been developed. To enhance these materials, a preliminary evaluation of a multicultural program was conducted in an attempt to understand how students develop into culturally competent clinicians, particularly in terms of acquiring requisite awareness, knowledge, and skills. What this preliminary evaluation has highlighted is the need for assessment tools to accurately evaluate minimum and advanced competency levels in students, and the components thereof (e.g., awareness vs. skills). Demographically the participants, as predicted, constituted a well-educated, urban, and ethnically diverse group with initially moderate levels of awareness and knowledge of multicultural issues upon entering the program. A total of 70 first year students were asked to complete a "Survey of Psychology Training" during new student orientation in the Fall of 1992. A total of 40 of the original students participated in the post-test phase of this evaluation. The data also confirmed the second hypothesis that there were no differences between groups of students independent of subspecialty interest. These students were motivated to develop those multicultural skills necessary to work in communities that present special challenges to the traditional model of service delivery. Survey results indicate that institutions do seem to be increasing students' awareness, knowledge, and skills in multicultural issues. (RJM)

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Running Head: MULTICULTURAL TRAINING IN PSYCHOLOGY

Multicultural Training in Psychology: New Challenges for Institutions, Instructors and Students

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Abstract

A preliminary evaluation of a multicultural program was conducted in an attempt to understand how students develop into culturally competent clinicians, particularly in terms of acquiring the requisite awareness, knowledge and skills. What this preliminary evaluation has highlighted is the need for assessment tools to accurately evaluate minimum and advanced competency levels in students, and the components thereof (e.g. awareness vs. skills). Demographically the participants, as predicted, constituted a well educated, urban, and ethnically diverse group with initially moderate levels of awareness and knowledge of multicultural issues upon entering the program. The data also confirmed our second hypothesis in that there were no differences between groups of students independent of subspeciality interest. These students were motivated to develop those multicultural skills necessary to work in communities that present special challenges to the traditional model of service delivery. The results of this preliminary survey are promising. The institution does seem to be increasing students awareness, knowledge and skills in multicultural issues.

Multicultural Training in Psychology: New Challenges for Institutions, Instructors and Students

The Ethical Principles of Psychologists and Code of Conduct (APA, 1992) clearly delineate the responsibility of mental health clinicians to provide culturally sensitive interventions when working with ethnic minority clients. This mandate has been more thoroughly articulated in the Guidelines for providers of psychological services to ethnic, linguistic, and culturally diverse populations (APA, 1990). These documents underscore the great potential for ineffective or damaging psychological intervention with minority clients and communities at the hands of even the best intentioned but unprepared therapist. Thus, it becomes incumbent upon doctoral training programs in clinical and counseling psychology to provide their trainees with adequate experiential, theoretical and supervisory experiences to develop the clinical multicultural competence of their trainees.

There has been a development of a growing body of creative curricular materials to guide and support multicultural training of psychologists including a special issues of Journal of Counseling and Development (1991) and a number of textbooks (e.g., Pinderhughes, 1989; Ivey, 1994; Sue, D.W., Arrendondo, P. & McDavis, R.J., 1992), and training videotapes from the American Psychological Associations and other resources. With the availability of both theory to guide multicultural training, and of curricular materials to support such training, two very important questions arise: 1) How consistently are multicultural issues being taught and addressed across graduate programs in psychology? and 2) How effective are these training

programs in preparing students for the multicultural realities of the clinical setting?

In response to the first question regarding multicultural training, there was mostly bad news reported in a recent survey published in the American Psychologist (Alliston, K. W., 1994). They conducted a national survey of 289 graduate students in clinical, counseling, and school psychology regarding their multicultural training experiences and perceived competence. Findings included an overall limited exposure to ethnic faculty, limited curricular presence of cultural issues, limited exposure to ethnic clients in clinical settings, with limited culturally sensitive supervision which was judged as being of generally poor quality. Bernal and Castro (1994) call for programs to continue developing greater emphasis in multicultural training beyond mere exposure of students to cultural issues. They call for a systems change of increasing the number of ethnic minority faculty members in doctoral programs, a process which will only be facilitated to the degree that ethnic minority students are admitted and supported through relevant graduate training experiences.

Relatively little attention has been paid in the psychology research literature to the second question proposed above regarding the measurement of the cultural competency of graduate students and practicing clinicians. The purpose of this survey was to collect baseline and longitudinal data on a cohort of entering clinical psychology graduate students, and to follow these students through their first three years of doctoral training, periodically measuring their attained levels of multicultural competence. The specific goals for this preliminary evaluation were to: 1) measure baseline multicultural awareness and knowledge of entering students; 2) measure minimum levels of multicultural awareness, knowledge, and skills acquired in the clinical program; and 3) assess how well the overall multicultural

training was implemented in the clinical training program.

Method

Participants

A total of 70 first year students were asked to complete a "Survey of Psychology Training" during new student orientation in the Fall of 1992. This pre-test was administered to collect demographics on the type of students who self-select to attend a program specializing in multicultural training and their level of multicultural awareness upon entering the program. This survey was administered again during the second week of the Spring semester 1992 (post-test) after all students had completed the experiential intercultural course. A total of 40 of the original (N=70) students participated in the post-test phase of this evaluation. Finally, the original cohort of students was administered one of two vignettes in the Spring, 1994 semester as an assessment of multicultural skills. A total of 32 of the original (N=70) participated in the final data collection of the pilot study.

Instruments

The pre-post test survey was developed for this study, and was comprised of four sections: 1) Demographics (items 1-9); 2) Multicultural Psychologist Traits subscale (items 10-15); and finally 3) Psychology Training Scale: Awareness and knowledge subscales (items 27-30). Along with general demographic information (e.g., age, ethnic group membership, and gender), respondents were asked to also provide additional personal descriptions (i.e., clinical program emphasis area affiliation, highest degree earned, citizenship, area of residence during the last five years, and languages spoken). The Multicultural Trait subscale asked participants to share their beliefs regarding important personal traits that all clinical

psychologists should possess along with important personal traits multicultural clinical psychologists should possess. Participants were also asked to identify important elements of multicultural clinical psychology training. The Psychology Training subscale: Knowledge asked participants to identify correct definitions for terms such as: acculturation, oppression, stereotypes, and culture. The Experience subscale asked participants about their personal experiences with oppression, and breadth of contact with oppressed groups.

A second instrument was developed to measure multicultural skills using Likert Rating Scale items paired with clinical vignettes. The Multicultural Competency Scale (MCCS) was developed and piloted with an expert team of several experienced multiculturally competent psychologists who helped to establish the content and criterion related validity of the scale. The items were geared to assess the ability of participants to recognize and assess the culturally competent interventions of the therapist in the vignettes by rating the therapist's skills on a 6-point Likert Scale ranging from "unacceptable" to "excellent" with an opportunity to also mark "unknown" if appropriate. This rating form consisted of 10 statements which comprised two subscales measuring assessment skills and clinical formulations. Each of the 10 statements ask the student to judge if the therapist in the vignette met the standard described in each statement and to judge what degree of cultural competence the therapist demonstrated. This scale requires the "user" to have minimum cultural awareness and knowledge to be able to recognize and judge minimum cultural competent skills in others.

Procedure

During August, 1991 the Psychology Training Survey was distributed to the entering

class at a professional clinical psychology training program (pre-test). Students were asked to fill out the surveys, anonymously, which were distributed along with the student orientation packets, on the first day of school, with instructions to return to a designated place on campus before the end of the day. The post-test survey was distributed to the same cohort in their classrooms the second week of the spring semester (February, 1992). Participants were again asked to return the completed anonymous surveys (post-test) to a designated place on campus by the end of the week.

A measure of knowledge and skills was given to the same cohort of participants in their third year of the doctoral program, Spring, 1994. The participants were provided with one of two vignettes that were counter-balanced for each classroom administration. Each student was asked to rate the multicultural "knowledge and skills" of therapists' interventions in the vignette using the MCCS designed to rate multicultural clinical competencies.

Results

Demographics

Forty-eight females (69%) and 22 males (31%) completed the pre-test survey for a total of 70 participants. The mean age of participants was 30 with a range of 21-53. There were 16 (23%) racially different self-identified students while 54 (77%) of the students self-identified as Caucasian. A small percentage of the sample had advanced degrees entering the doctoral program, n=26 (39%). The participants were a well-educated, urban, diverse group; (54% were U.S. citizens, 69% had lived in an urban area for more than one year in the last five years, and 36% (n=24) were fluent in another language (see Table I).

Awareness Results

Multicultural Psychologist Traits. Participants were asked to list the three most important personal traits a clinical psychologist should possess while working in the field today, based on their current knowledge and experience. The pre- and post-test results varied in the responses generated by the group. The most frequent pre-test responses were: 1) empathy (n=18), 2) self-awareness (n=6), and 3) ability to listen (n=5). Post-test results were 1) empathy (n=12), 2) tolerance (n=3), and 3) open-mindedness (n=3). Participants were also asked to think of the three most important personal traits of a multicultural competent clinical psychologist working in the field today. The pre and post-test results were very similar. Pre-test traits were: 1) cultural awareness (n-9); 2) empathy (n=7); and 3) open-mindedness (n-10). The frequency of the post-test results were almost equal: open-mindedness having the highest frequency for all three choices (see Table 2).

Participants were asked to list five client groups that they would define as "undeserved populations." There was an interesting shift from pre- to post-test responses on this item. At the pre-test administration, the participants defined undeserved with greater variety, while the post-test definitions consisted almost exclusively of ethnic minority groups as undeserved (i.e. African-Americans, Latinos/as) with the exception of the inclusion of the category of children (n=4). Overall comparisons of pre- and post-test results are shown in Table 3.

Participants were then asked to list five academic courses they felt were essential for training multiculturally competent clinical psychologists. Again, there was a pronounced shift in the post-test results. This result suggests students were likely influenced by courses in the training program. The final two questions asked students to identify appropriate roles and

levels of interventions for a multiculturally competent clinical psychologist. Their answers were placed in a ranking with choices that reflected an overall perspective toward a more "community based" orientation and less of an "individual based orientation" for multiculturally competent psychologists. The results for these two questions are presented in Table 4.

Psychology Training Scale

The third area of this study surveyed was current levels of awareness and knowledge of multicultural issues and concepts. "Awareness" subscales indicated that there was an increase in participants' awareness from pre- to post-test administration on the survey. The "Knowledge" subscale indicated that there was also an increase in knowledge of the issues over the course of time between pre- and post-testing.

Experience

An overwhelming majority of the students' responses indicated their having experienced some form of oppression at pre-test (87%), with the percentage increasing to (100%) at the time of the post-test. The percentage of respondents who acknowledge having worked directly with clients who had experienced oppression was high and stable over the two data collection points (see Table 5).

Multicultural Competency Scale MCCS

Participants. Thirty-two participants completed the second phase of the evaluation. There were 26 (81%) females and six males. Less than half of the original 1992 (n=70) cohort participated in this phase of the survey.

The participants' evaluation of the first vignette indicated that the students were less

able to accurately judge the therapists' assessment skills, but more able to evaluate the therapists' skills in the domain of clinical formulation. Over half (n=17) of the students correctly judged the therapists' knowledge and skills in questions relating to appropriate community resources (#6, n=8); therapeutic relationship (#8, n=7); and relationship between culture and intrapsychic issues (#3, n=6).

In response to the second vignette, participants were able to accurately judge the therapists' assessment skills as well as clinical formulations. Over half (n=17) of the students correctly judged the therapists' knowledge and skills in questions related to: history of presenting problem (#1, n=13); understanding client's cultural value (#5, n=9); and knowledge of own limitations (#10, n=8). See Table 6 for the overall results using the MCCS with clinical vignettes.

Conclusions

There were several assumptions made prior to collecting the data for this evaluation. The first assumption was that students who seek out this program would be more aware and have more experience with diverse and undeserved populations. The demographics of the participants indicate that this was a well educated, urban, ethnically and culturally diverse group with an initial moderate level of awareness and knowledge of multicultural issues entering the program.

The second assumption was that student background and emphasis area in the program would effect their ability to integrate this material. This was the most promising result of the survey, because there were no differences between groups of participants. This group of students, independent of whether they chose to specialize in health psychology, individual

family psychology, or multicultural clinical community psychology, were very motivated to develop those multicultural skills necessary to work in communities that present special challenges to the traditional model of service delivery.

The final assumption was that having a large number of faculty of color would assure a broad based perspective on multicultural issues. The demographics of the participants, though somewhat diverse, were largely Caucasian (77%). This created an atmosphere where the classroom became the laboratory to directly confront issues of: race, class, gender, sexual orientation, etc. within the context of learning about these issues. The challenge for the faculty as a whole would be to support this training and not to rely on the faculty of color to deliver these programs to students. With the support of the institution and the larger faculty, the faculty of color will experience less burden and burn out and will be able to mentor students in this important work.

The results of this preliminary survey are promising. The institution does seem to be increasing students awareness, knowledge and skills in multicultural issues. Despite the fact that our results appear to indicate positive results from the multicultural competency training, there remains a growing concern about the future of such training in our field, namely, the sparse number of students of color entering graduate programs in psychology. As faculty members, we must develop unique strategies for training a diverse work force for undeserved communities. Our finding might not be so positively replicated at other institutions with less diverse faculty who are teaching this material. To what degree does faculty diversity and expertise account for students increased awareness, knowledge and skills? In which teaching situations are students able to address intercultural issues easier with faculty of color? Are

students of color more likely to excel and develop their areas of interest in multicultural issues? Is this training as relevant to students of color as it is to non-minority students? These questions are not merely academic in nature. Our ethical principles demand that researchers, instructors, and academic institutions take to these challenging questions with speed and scientific rigor.

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Sample	F	Percentage
Ethnicity		
African American	3	4
Asian American	6	9
Caucasian	54	77
Latino	2	3
Native American	1	1
Other	4	2
Gender		
Male	22	31
Female	48	69
Education Level		
MA	21	30
MSW	1	1

Table Continues

Sample	F	Percentage
JD	2	3
Ph.D.	1	1
Languages Spoken		
Spanish	7	10
French	8	11
Arabic	1	1
Chinese	3	4
Hebrew	2	3

Table 2

Personal Traits of Clinical and Multicultural Psychologists

Pretest				Posttest			
Trait	F	%	Total Generated	Trait	F	%	Total Generated
Clinical Psychologist							
Empathy	18	26	76	Empathy	12	29	65
Self-awareness	6	9	75	Tolerance	3	7	66
Listening skills	5	7	74	Open-minded	3	7	64
Multicultural Psychologists							
Cultural awareness	9	13	86	Open-minded	6	14	80
Open-minded	10	14	83	Open-minded	4	9	75
Empathy	7	10	87	Open-minded	4	9	76

Table 3

Participant List of Underserved Populations

Pretest			Posttest		
Group	F	Percentage	Group	F	Percentage
Homeless	7	10	African American	4	10
Latino	10	14	Children	4	10
African American	7	10	Latino	8	19
Poor	6	8	Asian	5	12
Elderly	6	9	Native American	5	12

Table 4

Role and Level of Intervention for Multicultural Psychologists

Role	Pretest[a] F	Pretest[a] %	Posttest[b] F	Posttest[b] %
Individual therapy	60	85	40	95
Long-term therapy	10	14	10	24
Brief/Crisis	55	79	38	90
Social system	59	84	36	86
Political action	50	71	31	74

[a] Pretest n=70. [b] Posttest n=40.

Table 5

Participants' Experience with Oppression

Question	Pretest		Posttest	
	F[a]	%	F	%
Have you ever experienced any form of oppression?	61	87	42	100
Have you ever worked with a client that had experienced any form of oppression?	51	72	29	69

[a] Yes responses.

Table 6

Multicultural Competency Scale Results[a]

Scale Item	Vignette 1	Vignette 2
History/presenting problem[b]	0	13
Central theme/treatment plan[b]	4	3
Culture vs. Intrapsychic issues[c]	6	2
Coping: Culture and/or class[c]	3	4
Cultural values[c]	1	9
Community resources[b]	8	5
Theoretical orientation[b]	3	3
Clients' attitudes: Race and/or culture[c]	7	3
Therapeutic relationship[c]	5	3
Limitations/ethical responsibility[b]	5	8

Note. Values represent items correctly recognized.

[a] n = 32. [b] Items measuring Assessment subscale and [c] Clinical Formulation subscale.